



Frequently Asked Questions Regarding The Novel H1N1 Influenza Personal Protective Equipment for Emergency Medical Services (EMS) Providers



May 06, 2009

I. Prepared by the Indiana Department of Homeland Security in conjunction with the Indiana EMS Commission.

II. Information Cut Off Date Time Group: May 05, 2009 1200 Hours EST

III. Scope

This document is created to provide EMS providers with answers to frequently asked questions pertaining to the Novel H1N1 Influenza pandemic.

For the purposes of this document, "EMS Providers" means prehospital EMS, Fire Service, and Law Enforcement personnel/responders. EMS Providers' practice should be based upon the most up-to-date influenza clinical recommendations and information from EMS medical directors, public health authorities, OSHA, and Emergency Management Agency (EMA) Directors.

For the purposes of this document and unless otherwise specified, "respirator" refers to a N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH). Use of a respirator should be done in conjunction with a formal respiratory protection program that is managed in accordance with OSHA 29 CFR 1910.134.

IV. Key Findings

- a. EMS Providers may not be able to avoid contact with infected individuals.
- b. EMS Providers should take precautions to protect themselves from contracting the Novel H1N1 Influenza from infected patients.
- c. Good hygiene practices combined with Personal Protective Equipment (PPE) are the best defense to avoid contraction.

V. Overview

The Novel H1N1 Influenza is a respiratory disease. In late March and early April 2009, cases of human infection with H1N1 viruses were first reported in Southern California and near San Antonio, Texas. Other U.S. states have confirmed cases (including Indiana on April 28, 2009) of infection in humans and cases have been reported internationally as well. Spread of the Novel H1N1 Influenza is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Infected people may be able to infect others beginning one day before symptoms develop and up to seven or more days after becoming sick. The virus can live two or more hours on non-porous surfaces like tables, doorknobs, and desks. Anti-viral medication can make the illness milder and work best if started within two days of the onset of symptoms.

VI. Local Collaboration

Please stay in frequent communication with your Medical Director, Emergency Management Agency, and local public health department for further guidance and protocol directives at the local level.

VII. Potential Indicators

The symptoms of H1N1 Influenza A in people are similar to the signs and symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite and coughing. Some people also have reported runny nose, sore throat, nausea, vomiting, and diarrhea.

VIII. Frequently Asked Questions Regarding Novel H1N1 Influenza PPE for EMS

What is the Strategic National Stockpile (SNS)?

- CDC's Strategic National Stockpile has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. Local Public Health Department officials will be receiving shipments of additional PPE on Thursday, May 7, 2009, from the SNS. The SNS PPE is only to be utilized when the local supply is exhausted and EMS providers can no longer receive shipments of PPE via their normal ordering procedures. SNS supplies should be requested through the local public health department and / or emergency management agency.

What is an acute febrile respiratory illness?

- An illness with a fever plus one or more of the following: nasal congestion/runny nose, sore throat, or cough.

What is the difference between a confirmed case and a suspected case of H1N1?

- A confirmed case of H1N1 infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed infection.
- A suspected case of H1N1 infection is defined as a person with acute febrile respiratory illness with onset:
 - Within 7 days of close contact with a person who is a confirmed case of H1N1 infection, or;
 - Within 7 days of travel to a community either within the US or internationally where there are one or more confirmed case of H1N1 infection, or;
 - Resides in a community where there are one or more confirmed cases of H1N1 infection.

What are routine respiratory droplet precautions?

- Wearing disposable non-sterile gloves, gown, eye protection (goggles, eye shield), and a respirator when assessing all patients for suspected influenza.

What type of PPE should I wear when treating a patient with a confirmed case of H1N1?

- The responder should wear a fit-tested respirator and eye protection, disposable non-sterile gloves, and gown, when coming into close contact with the patient

What type of PPE should I wear when treating a patient with a suspected case of H1N1?

- The responder should wear a fit-tested respirator and eye protection, disposable non-sterile gloves, and gown, when coming into close contact with the patient

What type of PPE should be worn when treating a patient that is not a suspected case of H1N1 but who has symptoms of acute febrile respiratory illness?

- Place a standard surgical mask on the patient, if tolerated
 - If not tolerated by the patient, EMS providers may wear a standard surgical mask
- Having the patient wear a mask is great for helping decrease contamination but does not alleviate the responsibility of the EMS provider to don and wear their own PPE. If the patient is masked, then the provider should take personal protective measures.

Are there any patient care/treatment activities that require a higher level of protection?

- All EMS providers providing aerosol generating activities (endotracheal intubation, non-visualized airway device placement, nebulizer treatment, and resuscitation involving CPR) or activities that may induce coughing (including airway suctioning)

should wear a fit-tested respirator, disposable non-sterile gloves, eye protection and gown—unless EMS providers are able to rule out acute febrile respiratory illness

When should I place a surgical mask on a patient?

- Whenever a patient presents with symptoms of an acute febrile respiratory illness and the patient can tolerate wearing the mask

When should I place a N95 mask on a patient?

- At this time, there is no evidence to support ever placing a N95 mask on a patient

What type of PPE should I wear during the interfacility transport of patients with suspected or confirmed H1N1 infection?

- Those involved in patient care activities should wear a fit-tested respirator, disposable non-sterile gloves, eye protection, and a gown

What type of PPE should I place on a suspected or confirmed H1N1 infected patient during an interfacility transport?

- Place a standard surgical mask on the patient, if tolerated

Who should I notify if I have a patient with symptoms of acute febrile respiratory illness?

- EMS Providers should notify the receiving healthcare facility so that appropriate infection control precautions can be taken prior to the patient's arrival

Who can provide fit-testing for EMS providers?

- Fit testing can be provided by the providers infection control officer and designees if trained to do so. If not, there are numerous agencies and contractors that may provide this service. Indiana EMS providers can contact the Indiana Department of Labor at 317-232-2693 for technical assistance in arranging fit testing.

When should I dispose of/obtain a new N95 mask?

- Disposable respirators such as an N95 respirator should be disposed of when the respirator becomes, or is suspected of having been contaminated (such as a respirator was coughed on or sneezed on by infected or potentially infected patients).

Who does an N95 mask protect?

- A N95 respirator is intended to protect the wearer from inhaling some contaminants including water droplets from patients that may contain the Novel H1N1 Influenza virus.

IX. Reporting

For comments or questions related to the content or dissemination of this document please contact the Indiana Department of Homeland Security at 1-800-669-7362 or by email at eocmanager@dhs.in.gov.

X. Sources

World Health Organization
<http://www.who.int>

Center for Disease Control
<http://www.cdc.gov/>

Department of Health and Human Services
<http://www.pandemicflu.gov>

Department of Homeland Security (DHS)
<http://www.dhs.gov/xprepresp/programs/swine-flu.shtm>

Federal Emergency Management Agency
http://www.fema.gov/government/grant/pa/9523_17.shtm

US Department of Labor Occupational Safety and Health Administration (OSHA)
http://www.osha.gov/Publications/OSHA_pandemic_health.pdf
http://www.osha.gov/Publications/influenza_pandemic.html

National Highway Traffic Safety Administration Office of Emergency Medical Services
<http://www.ems.gov>

Indiana State Department of Health
<http://www.in.gov/isdh/>

Indiana Department of Homeland Security
<http://www.in.gov/dhs>

Indiana Department of Labor
<http://www.in.gov/dol>

Mayo Clinic
<http://www.mayoclinic.com>

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